POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b). | | | | | | |
|---|------------------------|--|------------------------|---------------------|------------------------|----------------|
| I hereby appoint: | | | | | | |
| Practitioners associated with the Customer Number: | | | 22045 | | | |
| OR | | | | | | |
| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): | | | | | | |
| | Name | | Registration Number | Na | Name | |
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| | (a) as as a = 1/a) · · | | re the United States | Palent and Tradamar | th Office (USPTO) in o | annection with |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assignment documents attached to this form in accordance with 37 CFR 3.73(b). | | | | | | |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: | | | | | | |
| | | | | | | |
| The address associated with Customer Number: | | | | | | |
| OR | | | | | | |
| Firm or Individual Name | | | | | | |
| Address | | | | | | |
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| Country | | | | | | |
| Telephon | e | · | | Email | | |
| L | | | | | | |
| Assignee Name and Address: | | | | | | |
| Theresa Orr HoMedics Group Canada Co. | | | | | | |
| 344 Consumers Road | | | | | | |
| Toronto, ON, Canada M2J 1P8 IP | | | | | | |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be | | | | | | |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, | | | | | | |
| and must identify the application in which this Power of Attorney is to be filed. | | | | | | |
| SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee | | | | | | |
| Signature WWW | | | | 1 | Date 9/17/09 | |
| Name | 7100 | 204101= | | | Telephone (248) | 863-3000 |
| Name Theresa Orr [1889] Title General Counsel | | | | | | |
| This allowed in the public which is to the families in a penetral by 27 CER 1.31 1.32 and 1.33. The information is remained to obtain or retain a benefit by the public which is to the (and | | | | | | |

by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any complete, including patienting, prepainting, and submitting the completed applications form to the OSPTO. This will vary depositing upon this information officer, comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.